

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Sharon Quirk-Silva for Assembly 2016		3. FEC Identification Number C C90016304
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 5429 Madison Avenue		
(c) City, State and ZIP Code Sacramento CA 95841		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report ☒ 24-Hour Report
☐ October 15 Quarterly Report ☐ 48-Hour Report
☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

M M	/	D D	/	Y Y Y Y Y Y

5. COVERING PERIOD:

FROM

M M	/	D D	/	Y Y Y Y Y Y
10		20		2016

THROUGH

M M	/	D D	/	Y Y Y Y Y Y
10		20		2016

6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES	5565.15

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Copeland, Rita, , ,

Copeland, Rita, , ,

10/20/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Sharon Quirk-Silva for Assembly 2016

Full Name (Last, First, Middle Initial) of Payee

Milner Butcher Media Group, LLC

Date of Public Distribution/Dissemination

M M	/	D D	/	Y Y Y Y Y Y
10		20		2016

Mailing Address 11150 W. Olympic Blvd., Ste. 815

Amount

5565.15

Transaction ID : EDTEALC83

Purpose of Expenditure
Television AdCategory/
Type 24A
 Office Sought: ☐ House State: CA
☐ Senate District: _____
☒ President
Name of Federal Candidate Supported or Opposed by Expenditure:
Trump, Donald J., , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought

71768.82

Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
Type
 Office Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
Type
 Office Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 5565.15

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 5565.15
(carry total from last page forward to Line 7)